Methods We conducted a monocentric retrospective study that included all patients diagnosed with a gestational trophoblastic neoplasia over a period of 18 years. It took place in the gynecology and obstetrics department of the hospital of Ben Arous. We studied the patients features and characteristics.

Results We registered 204 cases of gestational trophoblastic disease (GTD) during the period of the study including: 189 (92.65%) cases of hydatidiform mole and 15 (7.35%) cases of gestational trophoblastic neoplasia (GTN). Three patients were diagnosed with choriocarcinoma. Two of them had placental site trophoblastic tumor and one patient had an invasive mole. Only two patients had a metastatic disease. The incidence of GTN was 2.7 cases per 10000 deliveries and 2.6 per 10000 pregnancies. The mean age of our patients was 30.6 years old [24–53]. Most patients were pauciparous. Three of them had a perimenopausal status. History of spontaneous abortion was found in 5 cases. A history of hydatidiform mole was found in 12 cases. All pregnancies were spontaneous.

Conclusions Gestational trophoblastic neoplasia is rare and has wide incidence variations worldwide. Maternal age and history of hydatidiform mole have been identified as risk factors but the definitive mechanism is not well known.

Conclusions GTN is a significant source of maternal morbidity with increased risk of mortality from complications if not detected early and treated promptly.

EP403/#1097 MANAGEMENT AND OUTCOME OF GESTATIONAL TROPHOBLASTIC DISEASE IN A TUNISIAN PUBLIC HOSPITAL

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Objectives Gestational trophoblastic disease (GTD) is of clinical and epidemiological importance because it affects women in the reproductive age. This descriptive study was undertaken to provide a detailed analysis of GTD at Groote Schuur hospital (GSH), Cape Town, South Africa.

Methods The files of patients admitted to GSH with GTD from January 2004 to December 2019 were retrospectively reviewed.

Results There were 554 057 deliveries and 235 cases of GTD, with an incidence of 0.42/1000 deliveries. Suction evacuation was performed in 97.4% of patients. Patients aged between 20 – 40 years constituted 78.7% of patients. Most patients (51.3%) were diagnosed in the second trimester.

Abstract EP404/#361 Table 1 and Figure 1

Objectives Gestational trophoblastic disease (GTD) arises from abnormal placenta and is composed of a spectrum of premalignant to malignant disorders. The aim of this study was to analyze the current management modalities as well as the outcome of GTD.

Methods This study was carried out in the gynecology and obstetrics department of Ben Arous hospital over a period of 18 years extending from January 2004 to June 2021. We included all patients matching the FIGO diagnostic criteria or with a histological confirmation.

Results 204 cases of GTD were reported in our study divided as follows: 198 hydatidiform moles and 15 cases of gestational trophoblastic neoplasia (GTN). The mean age of patients was 33.86 years. 81% of molar pregnancies were diagnosed between 6 and 12 weeks' gestation. In 12.7% of patients, the initial diagnosis was that of an incomplete abortion or a miscarriage. These patients received Misoprostol: 57% of them had a subsequent aspiration for failure to evacuate. 82.3% of patients had an ultrasound-guided uterine evacuation straight away. Contraception was systematic in all patients. Clinical Follow-up, monitoring serum chorionic gonadotropin (βHCG) as well as ultrasounds were performed in 77.5% of the patients only. A positive outcome was observed in 144 patients while 9 patients had an unfavorable evolution defined either by stagnation or by re-ascension of the βHCG. Hysterectomy was performed in 3 cases. 9 patients had chemotherapy.

Conclusions GTN is a significant source of maternal morbidity with increased risk of mortality from complications if not detected early and treated promptly.
trimester. The most common presenting complaint was vaginal bleeding (37.4%) and the commonest complication was hyperthyroidism (16.6%). Twenty-six (11.2%) patients required blood transfusion. Seventeen patients (7.2%) required a second evacuation due to ongoing bleeding with 4 patients (1.7%) requiring a hysterectomy due to excessive haemorrhage. Patients with GTD normalized their HCG at a median time of 12 weeks post evacuation. There were 40 cases of persistent trophoblastic disease (PTD), all of whom had HCG levels above 6000 mIU/mL and 4000 mIU/mL at 4 weeks and 8 weeks respectively. Almost 45% of patients never completed follow-up.

Conclusions The incidence of GTD within our centre is declining but remains an important cause of morbidity as it mainly affects the reproductive age. We strongly recommend a revised follow up protocol to accommodate patients with complex socio-economic backgrounds as the current protocol seems to be associated with an increase rate of loss to follow up.

**EP405/#363**

**TREATMENT OUTCOME OF GESTATIONAL TROPHOBLASTIC NEOPLASIA PATIENTS IN BANGLADESH: AN EXPERIENCE IN A TERTIARY REFERRAL HOSPITAL**

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**Objectives** Gestational trophoblastic disease (GTD) is a group of disorders that arises from placenta, including the premalignant complete and partial hydatidiform moles and malignant invasive mole, choriocarcinoma, PSTT and ETT. The current staging system for GTN combines both anatomic staging and a prognostic scoring system using a variety of clinical factors. So, objective of study were to see the response of treatment of GTN patients, to see the disease free survival (DFS) and overall survival (OS) of patients and prognostic factors affecting the response of treatments.

**Methods** Observational study

**Results** A total 86 patients were included. Median age 29.50 years. Persistent GTN is the most common 23.3% than choriocarcinoma (23.3%). FIGO stage I and lung metastasis were the most common. According to GTN types, median DFS time overall was 48 months and OS time was 65 months but there were not significant. Significant association with GTN types with antecedent pregnancy and β-HCG level but insignificant with tumor size. WHO prognostic score significantly associated with diagnosis to treatment interval (p=0.003), largest tumor size (p=0.005), number of metastasis (p=0.000), previously failed chemotherapy (0.000) but age, antecedent pregnancy and β-HCG level were insignificant. A total of 10 patients died during course of their treatment mainly due to advanced metastatic disease and treatment complications. In low risk patients, overall treatment response was 92.85% and in high risk overall treatment response was 80%. Overall complete remission was achieved in 86.4% of patients.

**Conclusions** GTN is a significant source of maternal morbidity with increased risk of mortality.